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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Advantage Nutraceuticals, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jerry J. Dunlap II
(Name of Person)
Dunlap Law Office
(Firm/Company)
P. O. Box 75404
(Address)
Oklahoma City, OK 73147-0404
(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

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Jerry Dunlap at (405) 946-0069
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Advantage Nutraceuticals, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. State of Arkansas 3. 71-0824475
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30, 1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 30, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

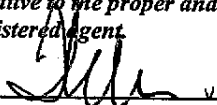
7. 35008 Emerald Coast Parkway, Suite 501
Destin, FL 32541
(Current mailing address)

8. Wholesale herbal supplements
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: T. E. Williams
Office Address: 35008 Emerald Coast Parkway
Destin, Florida, 32541
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: T. E. Williams

Address: 35008 Emerald Coast Parkway
Destin, FL 32541

Vice Chairman: _____

Address: _____

Director: Daniel L. Davis

Address: 323 Sigma P. O. Box 1520
Guthrie, OK 73044

Director: Wallace Kemper

Address: 35008 Emerald Coast Parkway
Destin, FL 32541

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: T. E. Williams

Address: 35008 Emerald Coast Parkway
Destin, FL 32541

Vice President: _____

Address: _____

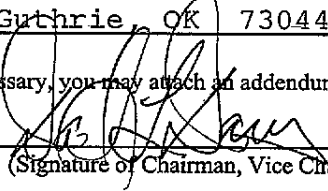
Secretary: Daniel L. Davis

Address: 323 Sigma Box 1520
Guthrie, OK 73044

Treasurer: Daniel L. Davis

Address: 323 Sigma, P. O. Box 1520
Guthrie, OK 73044

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

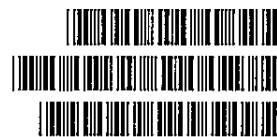
14. Daniel L. Davis, Sec-Tres. Director
(Typed or printed name and capacity of person signing application)

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Sharon Priest
SECRETARY OF STATE

State of Arkansas SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF A DOMESTIC CORPORATION

I, Sharon Priest, Secretary of State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show:

ADVANTAGE NUTRACEUTICALS, INC.

a corporation chartered under the laws of the State of Arkansas, filed Articles of Incorporation April 30, 1999.

I further certify that as far as the records show, this corporation is at this time chartered and in good standing, having met all the requirements governing a domestic corporation in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal. Done at my office in the City of Little Rock, Arkansas this 27th day of May 1999.

Sharon Priest, Secretary of State

by:

D E Morrow

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